

**NEW SPECIALIZED TRAINING ASSISTANCE PROGRAM (New STRAP)
SERVICE AGREEMENT**

CONTROL NUMBER

For use of this form, see AR 135-7; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 2128

PRINCIPAL PURPOSE: To explain the obligation and training requirements incurred by participation in the New STRAP and to ensure that agreement to these conditions is a matter of record.

ROUTINE USES: Confirmation of obligation and training requirements incurred by participation in the New STRAP; occasionally used as a basis of suspension, termination, and recoupment if the conditions and requirements are not met.

DISCLOSURE: Disclosure of requested information is voluntary, however, if not provided your application can not be processed or approved.

APPLICANT'S LAST NAME

FIRST

MIDDLE

SOCIAL SECURITY NO.

I. APPLICABILITY

THIS AGREEMENT WILL BE COMPLETED BY ALL SELECTED APPLICANTS FOR THE New STRAP

II. INSTRUCTIONS

The service representative is responsible for explaining the New STRAP requirements and obligations outlined on this form. Following the explanation and affixing of proper signatures, a copy will be submitted to the New STRAP Manager at U.S. Army Health Professional Support Agency, ATTN: SGPS-PD, 5109 Leesburg Pike, Falls Church, VA 22041-3258 for certification and appropriate distribution. Copies will be filed in the officer's official military records.

III. ACKNOWLEDGEMENT

In connection with my selection to participate in the New STRAP, I hereby acknowledge that I meet the following eligibility criteria:

1. I am a citizen of the United States of America.
2. Upon acceptance into the New STRAP, I will accept an appointment as a Reserve of the Army officer, if tendered, with assignment to the Medical Corps or Army Nurse Corps in a grade determined appropriate by the U.S. Army, for service in the Ready Reserve (either ARNG or USAR). (If I am currently a Reserve commissioned officer assigned to the Medical Corps or Army Nurse Corps, as appropriate, no new appointment will be tendered.)
3. I have a current and valid license to practice, if required.
4. If I am currently a commissioned officer, I have not twice failed to be recommended for promotion to the next higher grade, nor was I not recommended for promotion to the next higher grade by the last board of officers which considered my records from in or above the promotion zone.
5. I will be able to fulfill the Ready Reserve obligation I will incur by my participation in the New STRAP prior to my mandatory removal from active duty based on age or length of service.
6. I have been accepted for, or I am attending in good standing, the approved course of specialized advanced training in the critical medical or nursing specialty listed below, at the institutions indicated:

IV. OBLIGATION

As a participant in the New STRAP receiving financial assistance during my specialized training program I agree to --

1. Comply with and meet all academic, medical, administrative, and other standards and requirements outlined in my specialized training program and applicable regulations, directives and instructions issued by the U.S. Army.
2. Advise the New STRAP Manager and my commander of any changes in my status which may affect my eligibility to receive financial assistance.

3. Remain in the Ready Reserve. It is my option to participate as a member of a troop program unit of the ARNG or USAR, as an individual mobilization augmentee (IMA), or as a member of the Individual Ready Reserve (IRR). However, once I have selected my option, I may not change my election without the express written consent of the New STRAP manager. I further agree to participate in the designated training applicable to my assignment and otherwise maintain membership in good standing in the Ready Reserve.

5. Incur an obligation to serve in the Ready or Selected Reserve on successful completion of the specialized training program in return for the financial assistance I receive under the New STRAP. I hereby further agree to fulfill my service obligation, after I complete my specialized training, in ***(the applicant must initial the appropriate selection)*** --

b. initial a troop program unit of the ARNG or USAR or as an individual mobilization augmentee (IMA). By accepting this agreement I will be entitled to a monthly stipend during my specialized training program at the rate paid to officers participating in the Health Professions Scholarship Program (see sec V below). In return, I will serve 2 years in a troop program unit of the ARNG or USAR or as an IMA for each year or part thereof during which I received a monthly stipend. I also agree to serve not less than 12 days of ADT each year during the period of required service.

On successful completion of my specialized training and New STRAP participation, I further understand and agree that I will not begin discharging my New STRAP obligation until successful completion of the specialized training and that such discharge will continue, uninterrupted until my obligation is fully satisfied unless I am sooner separated or discharged at the discretion of HQDA, or unless the method of satisfaction of my obligation is altered by my voluntary participation in other educational training programs, or by a change of component or duty status. I further agree that --

USAPPC V2.00

LAST NAME**SSN**

2. After completion of the specified training, if I am voluntarily or involuntarily ordered to active duty (including service in an Active Guard Reserve (AGR) status), such service will satisfy my Ready Reserve obligation under this agreement, as follows:
 - a. One whole year of service on active duty will satisfy the incurred obligation for each year, or each fraction of a year, for which I received financial assistance under the New STRAP. Time spent in graduate professional education (for example, residencies, fellowships) while on active duty, will not be creditable toward satisfying the obligation I incurred under this agreement. Service on active duty for periods of less than a whole year will not receive 1-for-1 credit, but will be credited as though it was service not on AD.
 - b. If I serve part of my obligation on active duty and part of my obligation in the Ready Reserve not on active duty, each such period of duty will be computed at the rate stipulated in this agreement (i.e., 1 complete year of active duty for 1 year of financial assistance or 2 years of nonactive service for 1 year of financial assistance).
 - c. Periods of duty on annual training (AT), ADT, active duty for special work, or temporary tour of active duty, as described in AR 135-200 and AR 135-210, will not be computed as active duty for the purpose of permitting satisfaction of my obligation on a 1-for-1 basis. Such tours of duty will satisfy my obligation on the same basis and at the same rate as service in a TPU, the IRR, or as an IMA, not on active duty (that is, 2 years of service for each year of participation).

V. ENTITLEMENT

If I continue to meet the eligibility criteria that I acknowledge in section III above, have agreed to fulfill the terms of my obligation, and am accepted into the New STRAP, I am eligible for a monthly stipend at the rate, or at half the rate, paid to participants in the Armed Forces Health Professions Scholarship Program, according to the terms of the obligation I have agreed to (para 5, IV above). The amount of the monthly stipend paid to officers in the Armed Forces Health Professions Scholarship Program is prescribed by the Department of Defense Military Pay and Entitlements Manual, part 8, chapter 5. This rate is subject to annual increases on 1 July of each year, as determined by the Secretary of Defense. I understand that --

1. Payment of the stipend commences on the date that all of the following conditions are met:
 - a. I am appointed a commissioned officer designated or assigned for service in the Medical Corps or Army Nurse Corps as appropriate to the training in which I am participating;
 - b. I am assigned to the Ready Reserve, and that I am not serving on AGR status;
 - c. This service agreement is completed and appropriate signatures are affixed;
 - d. I am enrolled in an approved specialized course of study.
2. The stipend is prorated for portions of a month at the beginning and end of my course of specialized training.
3. Payment of the monthly stipend will cease on suspension or termination from New STRAP, on removal from the Ready Reserve, or on completion of the specialized training program.

VI. TERMINATION

I agree that --

1. I will continue to participate in the New STRAP unless such participation is terminated by Headquarters, Department of the Army.
2. Termination may only be effected for one or more of the following reasons:
 - a. If I fail to successfully complete the specialized training program specified above, if I am released from the training program, or if I voluntarily stop training.
 - b. If I fail to meet or maintain the eligibility requirements in section III above.
 - c. If I am convicted of --
 - (1) A felony as defined under Federal, State, or local law; or
 - (2) An offense which if tried under the Uniform Code of Military Justice could result in a sentence of at least 1 year confinement or a dishonorable discharge; or
 - (3) An offense involving moral turpitude, including sexual offenses and acts involving dishonesty.
 - d. If I commit one or more acts resulting in discreditable involvement with civilian or military authorities, whether or not I am charged, indicted, tried, or convicted of such acts.

- e. If I become an unsatisfactory participant in the Ready Reserve (AR 135-91).
 - f. If I exceed the maximum period authorized for suspension in section VII below, or following a period of suspension, I am not reinstated in the New STRAP (see sec III above).
 - g. If I apply for conscientious objector status.
 - h. If I am terminated from the Program in the best interest of the Government by Headquarters, Department of the Army.
3. I may not unilaterally terminate my participation in the New STRAP, or in the Ready Reserve, and that my refusal to accept any monetary or other benefits under this contract will not effect a termination of my membership in the New STRAP or the Ready Reserve.

VII. SUSPENSION

I understand that under certain conditions my entitlement to a stipend and participation in the New STRAP may be suspended, in lieu of termination, at the discretion of the Office of The Surgeon General, for a specified period of time. Except under extraordinary circumstances, only one such suspension may be granted.

1. A suspension **will** be imposed if I am transferred from the Ready Reserve to the Standby Reserve for one of the following reasons:
 - a. As a key employee. Period of suspension may not exceed 3 years.
 - b. For temporary hardship. Period of suspension may not exceed 1 year.
 - c. For temporary medical disqualification. Period of suspension may not exceed 1 year.
 - d. As a result of oversea residency or missionary obligation. Period of suspension may not exceed 3 years.
 - e. As determined by the Secretary of the Army or his designee. Period of suspension may not exceed 2 years.
2. A suspension will also be imposed if I am placed under suspension of favorable personnel actions under the provisions of AR 600-8-2. During a suspension for this reason, I understand that I may continue to be required to satisfactorily participate in the Selected Reserve (if so assigned) and that I will be paid for such participation; however, I will not continue to receive stipend payments. I understand that, if I am otherwise eligible, stipend payments may resume when the suspension has been lifted. Maximum authorized period of such suspension is 1 year.
3. If I am required to participate in unit training and I have been approved for transfer to the IRR for personal cogent reasons, I may be granted a suspension for a period not to exceed 1 year.

I understand and acknowledge that if I exceed the period of time authorized by the Office of The Surgeon General for a suspension, my participation in the New STRAP may be terminated and I may be ordered to active duty or required to reimburse the Government for the stipend payments I received at the option of the Secretary of the Army. Reinstatement in the New STRAP, following a period of suspension, is at the discretion of the Office of The Surgeon General. In the event that I am not reinstated in the New STRAP, I will be terminated at the discretion of the Office of The Surgeon General, as indicated in section VI above.

VIII. RECOUPMENT

I understand that I may be required, at the option of the Secretary of the Army, to reimburse the Government for the total amount of stipend paid to me, including any applicable accrued interest at the current interest rate, if I am terminated from New STRAP under section VI above. I specifically acknowledge that any reimbursement made to the Government by me or on my behalf will not reduce or eliminate my obligation under this agreement to serve in the Ready Reserve for the period specified in section IV, paragraph 5a or b (as applicable) above. I also understand that the Government may lawfully recoup any amounts erroneously paid to me. I further agree that following completion of the specified training, if I fail to satisfactorily complete the period of obligated service described in section IV above, I may be ordered to reimburse the Government for the total amount of the stipend paid to me including accrued interest, in accordance with applicable laws, regulations, and directives.

LAST NAME**SSN**

IX. STATEMENT OF UNDERSTANDING

I understand and agree to the provisions of this agreement. Any other promises, representations or commitments made to me in connection with my participation in the New STRAP or appointment as a Reserve of the Army are written below in my own handwriting. *(If none, write "NONE" below.)*

TYPED OR PRINTED NAME AND RANK

SOCIAL SECURITY NUMBER

APPLICANT'S SIGNATUREDATE SIGNED

X. CERTIFICATION OF SERVICE REPRESENTATIVE

I certify that I have witnessed the reading and signing of the above agreement and the signature appearing thereon is that of the officer. No other promises were made to the applicant as a condition of New STRAP entitlement.

TYPED OR PRINTED NAME AND RANK OF SERVICE REPRESENTATIVE

TITLE

SIGNATURE OF SERVICE REPRESENTATIVEDATE SIGNED

ACCEPTED AND APPROVED FOR PARTICIPATION IN THE New STRAP

NEW STRAP MANAGERDATE
